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MEMORANDUM

NOTE DE SERVICE

P/A

220720

John Dwyer

Stuart Beaty

FROM
DE

SUBJECT
OBJET

CHRC and Environmental Sensitivity

SECURITY - CLASSIFICATION - DE SÉCURITÉ
OUR FILE/NOTRE RÉFÉRENCE H31381-HQ 1386-1; 1020-6
YOUR FILE/VOTRE RÉFÉRENCE
DATE October 13, 1989

Further to your recent notes to file on the above and the concerns expressed by Mr. Chris Brown, I think I understand the point that Mr. Brown is trying to make, but I think his way of formulating the issue — at least as you report it — makes a distinction between the "human dignity" issue which attaches to the fact "that people are disabled as a result of their sensitivities" and something called a "medical issue" which is not in fact a clear-cut or water-tight distinction.

As I understand the situation, there are two main matters that Mr. Brown wants the Commission to address:

1. the Commission's own public responsibility to speak out against the "blaming the victim" syndrome; and
2. the Commission's role in challenging or persuading other institutions (e.g. HW Canada) to take a public position (with some broad administrative consequences) on the right of human individuals to determine or define for themselves what ails them ("I know how/what I feel etc."), or the responsibility of public bodies to try to obtain independent proofs.

Personally, I see no reason why one should exclude or contradict the other. The Commission can give public support to the victims in their distress without renouncing the responsibility to deal with the second issue on its own terms. The reason the issue is, in part, "a medical one", or I would say "a health one", is because Mr. Brown wants, among other things, the national health authorities to take a more helpful position. The Commission's speaking out will do little, if anything, without the second. Let's discuss.

I tried to express the idea that the recognition of a person's experience as real had economic consequences and therefore could not be entirely divorced from the medical question. He was not impressed with this and saw in it another example of the Commission making a medical issue out of a human rights issue. Moreover, he was upset with the implication that recognizing his experience as real was a first step, and not a given. He explained quite powerfully the effect that denying an individual's experiences as legitimate have on a person.

I had to agree in principle that representatives of the affected groups should be party to discussions concerning them and hoped that follow-up process might provide for this. (I did not, but feel we might when we next contact Losos, suggest that they be included in the current discussions.) I agreed to call the President of the Human Ecology Foundation to get his views (Ed Lowans 519-941-6499). Mr. Lowans made the same point about the need for someone to speak on their behalf. I said I would see what I could do. I took the opportunity to talk about the Foundation and environmental sensitivity generally with Mr. Lowans. He said that the Foundation, the largest self-help, service-oriented group representing the environmentally sensitive, had 1200 families as members. He also said that a survey showed that clinical ecologists had dealt with 30,000 different patients over the last five years. Lastly, it has been estimated that 10% of the population suffers from Epstein-Barr syndrome. These are indications that the problem is not all that rare.